

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S43991 (6)

1. Corporation Name

SUNRAY SERVICES GROUP OF ORLANDO, INC.

Principal Place of Business

**250 INTERNATIONAL PARKWAY
STE 230
LAKE MARY FL 32746
US**

Mailing Address

**2234 SPRINGS LANDING BLVD
SUITE 226
LONGWOOD FL 32779
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/09/1991

3a. Date of Last Report

06/01/1994

4. FEI Number

59-3060567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1939 GROVE AVE.

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FT. MYERS

28

Zip

Country

Zip

Country

24 33901

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUSER, MARIA A.
2234 SPRINGS LANDING BLVD
LONGWOOD FL 32779**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and bin # (if applicable)

(NOTE: Registered Agent signature required when reelecting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	COFFIN, W.S.
STREET ADDRESS	1040 VALLEY FORGE RD
CITY - ST - ZIP	DELAND FL
TITLE	DPTS
NAME	HAUSER, MARIA A.
STREET ADDRESS	2234 SPRINGS LANDING BL.
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DV	☒ Change ☐ Addition
1.2 NAME	COFFIN, W.S.	
1.3 STREET ADDRESS	1830 BRANTLEY RD	
1.4 CITY - ST - ZIP	FT. MYERS, FLORIDA 33907	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria A. Hauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (407) 862-8547
(Date) (Telephone Number)